U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention (CDC)
National Center for Infectious Diseases
Atlanta, Georgia 30333

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

STUDY ID: _____ STATE CONTACT PERSON & PHONE NO.: ( ) –

(for CDC Use Only)
CDC LAB. CODE | CDC NUMBER | DATE RECEIVED Mo. Da. Yr.

Justification must be completed by State health department laboratory before specimen can be accepted by CDC. Please check the first applicable statement and when appropriate complete the statement with the.*

1. Disease suspected to be of public health importance. Specimen is:
   (a) ☐ from an outbreak.
   (b) ☐ from uncommon or exotic disease.
   (c) ☐ an isolate that cannot be identified, is atypical, shows multiple antibiotic resistance, or from a normally sterile site(s)
   (d) ☐ from a disease for which reliable diagnostic reagents or expertise are unavailable in State.
2. ☐ Ongoing collaborative CDC/State project.
3. ☐ Confirmation of results requested for quality assurance.

*Prior arrangement for testing has been made. Please bring to the attention of:
(name) _____

Name, Address and Phone Number of Physician or Organization:

STATE HEALTH DEPT. NUMBER: _____ STATE LOC: _____

DATE SENT TO CDC: Mo. Da. Yr. _____ Completed by: _____

PATIENT IDENTIFICATION NUMBER: _____

Have specimens from this patient been submitted previously ☐ YES ☐ NO

BIRTHDATE OR AGE _____ Mo. Da. Yr. SEX: ☐ M ☐ F

RACE: White ☐ Black ☐ Asian or Pacific Islander ☐ American Indian or Alaska Native ☐ Not Specific ☐

ETHNICITY: Hispanic ☐ Non-Hispanic ☐ Not Specific ☐

CLINICAL DIAGNOSIS:

ASSOCIATED ILLNESS:

DATE OF ONSET: Mo. Da. Yr. FATAL? ☐ YES ☐ NO

LABORATORY EXAMINATION REQUESTED: ☐ **AN**timicrobial Susceptibility ☐ **ID**entification ☐ **IS**olation ☐ **HI**stology ☐ **OT**her (Specify) _____ ☐ **SE**rology (Specific Test) _____

CATEGORY OF AGENT SUSPECTED: ☐ **BA**cterial ☐ **VI**ral ☐ **FU**ngal ☐ **RI**ckettsial ☐ **PA**rasitic ☐ **OT**her (Specify) _____

SPECIFIC AGENT SUSPECTED: _____

OTHER ORGANISM(S) FOUND: _____

ISOLATION ☐ YES ☐ NO | **NO. TIMES ISOLATED:** _____

SPECIMEN SUBMITTED IS: ☐ **O**riginal **M**aterial ☐ **P**ure **I**solate ☐ **M**ixed **I**solate

DATE SPECIMEN TAKEN: Mo. Da. Yr.

ORIGIN: ☐ **SO**il ☐ **FO**od ☐ **AN**imal (Specify) _____ ☐ **HU**man ☐ **OT**her (Specify) _____

SOURCE OF SPECIMEN: ☐ **BL**ood ☐ **SE**rum ☐ **CSF** ☐ **ST**ool ☐ **SP**utum ☐ **UR**ine ☐ **GA**stric ☐ **HA**ir ☐ **SK**in ☐ **TH**roat
☐ **WO**und (Site) _____
☐ **EX**udate (Site) _____
☐ **TI**ssue (Specify) _____
☐ **OT**her (Specify) _____

SUBMITTED ON: ☐ **EG**g ☐ **TI**ssue Culture (Type) _____ ☐ **AN**imal (Specify) _____ ☐ **ME**dium (Specify) _____ ☐ **OT**her (Specify) _____

SERUM INFORMATION: Mo. Da. Yr. Mo. Da. Yr.
☐ **AC**ute _____ ☐ **S3** _____

IMMUNIZATIONS: Mo. Da. Yr.
_____
_____
_____

TREATMENT: Drugs Used: DATE BEGUN Mo. Da. Yr. DATE COMPLETED Mo. Da. Yr.
_____
_____
_____

CLINICAL TEST RESULTS:

Sputum and Histological Findings: _____

Blood Counts: _____ Stool/Urine Exams: _____

Type Skin Tests Performed: Mo. Da. Yr. Strength Pos. Neg.
_____ _____
_____ _____

SIGNS AND SYMPTOMS:
☐ **FE**ver
Maximum Temperature: ____
Duration: _____ Days
☐ **CH**ills

SKIN:
☐ **MA**culopapular
☐ **HE**morrhagic
☐ **VE**sicular
☐ **E**rythema **N**odosum
☐ **E**rythema **M**arginatum
☐ **OT**her _____

RESPIRATORY:
☐ **RH**initis
PUlmonary
☐ **PH**aryngitis
CAlcifications
☐ **O**titis **M**edia
PNeumonia (type)_____
☐ **OT**her _____

CARDIOVASCULAR:
☐ **MY**ocarditis
☐ **PE**ricarditis
☐ **EN**docarditis
☐ **OT**her _____

GASTROINTESTINAL:
☐ **DI**arrhea
☐ **BL**ood
☐ **MU**cous
☐ **CO**nstipation
☐ **AB**normal Pain
☐ **VO**miting
☐ **OT**her _____

CENTRAL NERVOUS SYSTEM:
☐ **HE**adache
MEningismus
☐ **MI**crocephalus
HYdrocephalus
☐ **SE**izures
CErebral Calcification
☐ **CH**orea
☐ **PA**ralysis
OTher _____

MISCELLANEOUS:
☐ **JA**undice
☐ **MY**algia
☐ **PL**eurodynia
☐ **CO**njunctivitis
☐ **CH**orioretinitis
☐ **SP**lenomegaly
☐ **HE**patomegaly
☐ **L**iver **A**bscess/cyst
☐ **LY**mphadenopathy
☐ **MU**cous Membrane Lesions
☐ **OT**her _____

STATE OF ILLNESS:
☐ **SY**mptomatic
☐ **AS**ymptomatic
☐ **SU**bacute
☐ **CH**ronic
☐ **DI**sseminated
☐ **LO**calized
☐ **EX**traintestinal
☐ **OT**her _____

EPIDEMIOLOGICAL DATA:
☐ **SI**ngle Case ☐ **SP**oradic ☐ **CO**ntact ☐ **EP**idemic ☐ **CA**rrier

Family Illness: _____

Community Illness: _____

Travel and Residence (Location): Mo. Da. Yr.
☐ **Foreign:** _____
☐ **USA:** _____

Animal Contacts (Species): _____

Arthropod Contacts: ☐ **NO**ne ☐ **EX**posure Only ☐ **BI**te

Type of Arthropod: _____

Suspected Source of Infection: _____

PREVIOUS LABORATORY RESULTS/OTHER CLINICAL INFORMATION:
(Information supplied should be related to this case and/or specimen(s) and relative to the test(s) requested.

The types of specimens usually sent to CDC laboratories are serum specimens, reference cultures, or clinical specimens. To assist State health department laboratories and others in obtaining the information on the request form that NCID requires, the following tabulation for each of the 3 types of specimens should serve as a guide.

SERUM SPECIMENS

Required	Useful
Laboratory exam requested	Clinical information
Specific agent suspected	Signs, symptoms, etc.
Serum information*	
Immunization*	
Treatment*	
Epidemiologic data*	
Previous lab results	

REFERENCE CULTURES

Required	Useful
Laboratory exam requested	Isolation attempted
Category of agent suspected	Date specimen taken
Specific agent suspected	Number times isolated
Kind of specimen	Other clinical information
Origin of specimen	Clinical test results
Source of specimen	Signs, symptoms, etc.
Submitted on what medium	Other organisms found**
Previous lab results	Epidemiologic data*
Biochemical reaction (can be attached on a separate sheet)	Treatment*

CLINICAL SPECIMENS

Required	Useful
Laboratory exam requested	Other clinical information
Category of agent suspected	Clinical test results
Specific agent suspected	Signs, symptoms, etc.
Specimen submitted is	
Date specimen taken	
Source of specimen	
Epidemiologic data*	
Previous lab results	

The Reference and Disease Surveillance Booklet should be consulted for special requirement.

**Exercise good judgement to determine the relevance of these items.* Paired sera are required for viral and bacterial disease serology, a single serum is required for mycotic and parasitic diseases and for syphilis serology (congenital syphilis excepted). In all instances the date(s) of collection of serum specimens must be provided. Immunization history is required when such information relates to the serology requested, i.e., required for polio, measles, etc., not required for histoplasmosis, echinococcosis, etc. Information on treatment, such as administration of immune serum or globulin, antibiotics, etc., is often of great benefit when doing serology or identifying reference cultures. As much relevant epidemiologic data as can be obtained should be provided. History of travel and animal or arthropod contacts are required for those RDS in which this kind of information is clearly necessary. If any required item of information is not available after efforts have been made to obtain it, please so indicate.

**Bacterial cultures representing growth of a single or a few colonies on the same primary isolation agar plates from which the principal pathogen has been isolated and identified should not be submitted for identification unless clinical findings or other justification support such submissions.